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ROUTINE HIV COUNSELING & TESTING OF PREGNANT WOMEN
CLINICAL ADVISORY UPDATE

TO: Massachusetts Prenatal Care Providers
FROM: John Auerbach, Commissioner
Lauren Smith, MD, MPH, Medical Director
Date: June 17, 2008
Re: Routine HIV Counseling and Testing of Pregnant Women

This Massachusetts Department of Public Health (MDPH) Clinical Advisory Update is meant to provide clarification on national guidelines and outline MDPH recommendations for routine HIV counseling and testing to all women in prenatal care. In 2006, the American College of Obstetrics and Gynecology, (ACOG) (www.acog.org) and the Centers for Disease Control and Prevention, (CDC) (www.cdc.gov) both recommend that HIV counseling and testing be performed routinely for all pregnant women, without reference to their risk profile. This is consistent with current MDPH recommendations. The ACOG and CDC recommendations further support the elimination of informed consent for HIV counseling and testing of pregnant women, which is *not* consistent with Massachusetts law. In the Commonwealth, MA General Law c111, § 70F requires written informed consent for HIV testing, forming the basis for the Massachusetts opt-in system of HIV testing.

Massachusetts Routine HIV Counseling and Testing Recommendations:

- Routine counseling and testing should be provided to all pregnant women (regardless of the provider's or women's perception of their risk). All pregnant women should be offered HIV testing and tested, with their consent, as part of the routine battery of prenatal lab tests during each pregnancy.
- Provide all women in prenatal care with printed materials about HIV testing. The MDPH has developed two documents which are available free of charge for your use. These may be obtained by contacting the MA Health Promotion Clearinghouse at www.maclearinghouse.com:
 - *HIV and Pregnancy: Get Tested. Get Care. Get Support* which provides information on testing during pregnancy, treatment and how to keep your baby safe.

- ***Counseling and Testing:*** HIV Questions and Answers which provides information on counseling and testing including different types of tests.
- **Obtain written informed consent in accordance with the MA General Law cited above.** A consent form may be separate or may be part of a general consent form as long as it is distinct from other tests. A sample consent form is at the end of this document.
- **Provide repeat voluntary HIV testing during pregnancy to those women at continued risk, or who previously declined testing during current pregnancy.**
- **Provide voluntary rapid HIV testing in labor for women with undocumented HIV status** (if positive, confirm with blood draw, initiate treatment, and obtain Infectious Disease consultation).

MDPH is committed to providing assistance to prenatal care providers as they work to observe the Department's recommendations. Given the enormous advances in HIV prophylaxis for pregnant women and newborns, it is clear that early identification and individualized treatment of all pregnant women with HIV is the best way to prevent pediatric HIV disease and maximize maternal health.

The pregnancy of an HIV infected woman should be considered a high risk pregnancy. HIV infected women in prenatal care should also be in the care of a clinician knowledgeable and experienced in the provision of HIV-related care. If the pregnant woman does not already have such care, appropriate referrals should be made. A toll free number (1-800-742-2211) has been created to assist providers with referrals and treatment issues (through the Massachusetts Community AIDS Resource Enhancement - MassCARE - Program) ([MassCARE](#)). If no insurance coverage exists for such care, the state-funded Enhanced Medical Management Service (EMMS) ([resource guide](#)) may be utilized. The cost of medications may be covered through the HIV Drug Assistance Program (HDAP) ([HDAP website](#)). In addition, the website www.aidsinfo.nih.gov has the most current recommendations for treatment of perinatal HIV.

Sample Consent Form - HIV Testing

My signature below indicates my consent to have my blood or a swab of my mouth tested for the presence of HIV (the Human Immunodeficiency Virus).

I understand that my test results will be shared with my health care provider, and that if my health care provider diagnoses me with HIV infection or AIDS, she/he is required to submit an HIV/AIDS case report form to the Massachusetts Department of Public Health HIV/AIDS Surveillance Program.

This consent will expire one year from the date it is signed, unless I withdraw my consent in writing before this date.

Name (please print)

Signature

Date